

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION | INITIALS | ID NO. | DATE |
|---------------------|----------|--------|----------|
| FEES DETERMINATION | SF | | 10-3-01 |
| O.I.P.E. CLASSIFIER | DR | 32 | 10/12 |
| FORMALITY REVIEW | Hoyat | 760 | 10-26-01 |

44-1 10/9 03/11/02
INDEX OF CLAIMS

| | | | |
|---------------------|------------|---|--------------|
| ✓ | Rejected | N | Non-elected |
| = | Allowed | I | Interference |
| — (Through numeral) | Canceled | A | Appeal |
| ÷ | Restricted | O | Objected |

| Claim | Date |
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| Final | Original |
| 1 ✓ | 03/11/02 |
| 2 ✓ | |
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| Claim | Date |
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| Claim | Date |
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| Final | Original |
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If more than 150 claims or 10 actions
staple additional sheet here

Best Available Copy

(LEFT INSIDE)

6/17
3-11-02